

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006777

STATE FILE NUMBER

AMENDED

Registration District No. 746 Primary Registration District No. 5570 Registrar's No. 71

FILED FEB 20 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sibley, Route 1</u>		c. CITY OR TOWN <u>Sibley</u>	
Length of stay in 1b <u>64 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>his own home</u>		d. STREET ADDRESS (If outside, give location) <u>Stoenner Road</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Emil Herman Borgman</u>			4. DATE OF DEATH Month <u>February</u> Day <u>8</u> Year <u>1962</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 29, 1897</u>	9. AGE (last birthday) <u>64 yrs.</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>supervisor of salesman Garst Thomas Seed Corn Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Levasy, Missouri</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Henry H. Borgman</u>	13b. MOTHER'S MAIDEN NAME <u>Sophie Holke</u>	14. NAME OF HUSBAND OR WIFE <u>Oletha H. Borgman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT Address <u>Mrs. Oletha Borgman, Sibley, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u> DUE TO (c) <u>3 months</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Home</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u>11:00</u> a.m. <u>pm.</u>	Month <u>Jan</u> Day <u>4</u> Year <u>1962</u>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Sibley</u>	COUNTY <u>Jackson</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>Jan 4, 1962</u> to <u>Feb 8, 1962</u> and last saw <u>her</u> alive on <u>Feb. 8, 1962</u> Death occurred at <u>about 11:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Harold W. Keamie MD</u>	(Degree or title)	22b. ADDRESS <u>10901 Winnie Road Independence</u>	22c. DATE SIGNED <u>2/10/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 11, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Levasy, Missouri</u>	23d. LOCATION (City, town, or county) <u>Levasy, Missouri</u>	(State)
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24. FUNERAL DIRECTOR <u>Harold H. Reppert</u>	ADDRESS <u>Buckner, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-10-62</u>	26. REGISTRAR'S SIGNATURE <u>Alta L. Craig</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 6 1962

FEB 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.